

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless corrected b<br>maintenance fee notification                                                                                                                                                                                                   | espondence including the relow or directed otherwise s.    | in Block 1, by (a                      | ) specifying                                                                                                                                                                                                                                                                                                                                               | a new correspondence addres                                                                                                                                                                                                                                                                                                                             | ss; and/or (b) indi                       | icating a sepa                  | arate "FEE ADDRESS" for                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|----------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                                                                                                                                                                   |                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                            | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                           |                                 |                                                          |  |
| A 2292 75                                                                                                                                                                                                                                                      |                                                            | DOM IID                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         | •                                         |                                 |                                                          |  |
| BIRCH STEWART KOLASCH & BIRCH, LLP<br>PO BOX 747<br>FALLS CHURCH, VA 22040-0747                                                                                                                                                                                |                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                            | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                           |                                 |                                                          |  |
| ·                                                                                                                                                                                                                                                              | /. (                                                       | SIPE                                   |                                                                                                                                                                                                                                                                                                                                                            | transmitted to the US                                                                                                                                                                                                                                                                                                                                   | SPTO (703) 746-4                          | 000, on the c                   | (Depositor's name)                                       |  |
|                                                                                                                                                                                                                                                                |                                                            | <b>خ</b> را                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         | <del></del>                               |                                 | (Signature)                                              |  |
|                                                                                                                                                                                                                                                                | A MAR                                                      | 1 0 2005                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 | (Date)                                                   |  |
| APPLICATION NO.                                                                                                                                                                                                                                                | FILING DATE                                                | N N                                    | FIRST NAME                                                                                                                                                                                                                                                                                                                                                 | D INVENTOR                                                                                                                                                                                                                                                                                                                                              | ATTORNEY D                                | OCKET NO.                       | CONFIRMATION NO.                                         |  |
| 10/002,008                                                                                                                                                                                                                                                     | 12/05/2001                                                 | DEMARKS                                | Riichir                                                                                                                                                                                                                                                                                                                                                    | Riichiro Ikeda                                                                                                                                                                                                                                                                                                                                          |                                           | 4P-SP                           | 2855                                                     |  |
| TITLE OF INVENTION: EL                                                                                                                                                                                                                                         | ECTRIC POWER STEERI                                        | NG APPARATUS                           | 3                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                                                          |  |
| APPLN. TYPE                                                                                                                                                                                                                                                    | SMALL ENTITY                                               | ISSUE F                                | EE                                                                                                                                                                                                                                                                                                                                                         | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                         | TOTAL FEE                                 | E(S) DUE                        | DATE DUE                                                 |  |
| nonprovisional                                                                                                                                                                                                                                                 | NO                                                         | \$1400                                 | )                                                                                                                                                                                                                                                                                                                                                          | \$300                                                                                                                                                                                                                                                                                                                                                   | \$170                                     | 00                              | 03/16/2005                                               |  |
| EXAM                                                                                                                                                                                                                                                           | INER                                                       | ART UN                                 | IIT                                                                                                                                                                                                                                                                                                                                                        | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                          |                                           |                                 |                                                          |  |
| SPISICH, G                                                                                                                                                                                                                                                     | EORGE D                                                    | 3616                                   |                                                                                                                                                                                                                                                                                                                                                            | 280-777000                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                                          |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                            |                                        | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Birch, Stewart Kolaso |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                                                          |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                           | RESIDENCE DATA TO B                                        | E PRINTED ON T                         | THE PATEN                                                                                                                                                                                                                                                                                                                                                  | Γ (print or type)                                                                                                                                                                                                                                                                                                                                       |                                           |                                 |                                                          |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                | an assignee is identified be 37 CFR 3.11. Completion of    | low, no assignee<br>of this form is NO | data will app<br>T a substitute                                                                                                                                                                                                                                                                                                                            | pear on the patent. If an assi<br>for filing an assignment.                                                                                                                                                                                                                                                                                             | gnee is identified                        | below, the d                    | locument has been filed for                              |  |
| (A) NAME OF ASSIGNE                                                                                                                                                                                                                                            | EE .                                                       | (E                                     | B) RESIDEN                                                                                                                                                                                                                                                                                                                                                 | CE: (CITY and STATE OR C                                                                                                                                                                                                                                                                                                                                | OUNTRY)                                   |                                 |                                                          |  |
| Koyo Seiko                                                                                                                                                                                                                                                     | Osak                                                       | Osaka, JAPAN                           |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                                                          |  |
| Please check the appropriate                                                                                                                                                                                                                                   | assignee category or categor                               | ries (will not be pr                   | inted on the p                                                                                                                                                                                                                                                                                                                                             | oatent): 🗖 Individual 👪                                                                                                                                                                                                                                                                                                                                 | Corporation or of                         | her private gr                  | oup entity Government                                    |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                   | enclosed:                                                  | 41                                     | . Payment of                                                                                                                                                                                                                                                                                                                                               | ` '                                                                                                                                                                                                                                                                                                                                                     |                                           |                                 |                                                          |  |
| <b>=</b> ***** **                                                                                                                                                                                                                                              |                                                            |                                        | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                                                          |  |
|                                                                                                                                                                                                                                                                |                                                            |                                        | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). If                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                                                          |  |
| 5. Change in Entity Status  a. Applicant claims SM                                                                                                                                                                                                             | (from status indicated above                               | •                                      |                                                                                                                                                                                                                                                                                                                                                            | cant is no longer claiming SM                                                                                                                                                                                                                                                                                                                           |                                           |                                 | - Hoccobal                                               |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and Po                                                                                                                                                                                                        | s requested to apply the assublication Feed it required) v | Fee and Publica                        | tion Fee (if and from anyon                                                                                                                                                                                                                                                                                                                                | ny) or to re-apply any previous<br>e other than the applicant; a re-                                                                                                                                                                                                                                                                                    | usly paid issue fee<br>egistered attorney | to the applic<br>or agent; or t | ation identified above.<br>he assignee or other party in |  |
| interest as shown by the reco                                                                                                                                                                                                                                  | ius oi to priett macs Pate                                 | ent and Trademark                      | Office.                                                                                                                                                                                                                                                                                                                                                    | 83/1:                                                                                                                                                                                                                                                                                                                                                   | 1/2005 SZEWDI(                            | <del>E2-8888818</del>           | 6-16802008-                                              |  |
| Authorized Signature                                                                                                                                                                                                                                           | MA                                                         |                                        |                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                                                                                                                                                                                                                                                    | March                                     | 10, 200                         | 05                                                       |  |
| Typed or printed name                                                                                                                                                                                                                                          | Michael K.                                                 | Mutter                                 |                                                                                                                                                                                                                                                                                                                                                            | Regionati                                                                                                                                                                                                                                                                                                                                               | e: 1501                                   | 29,680                          | 1488-89 OP                                               |  |
|                                                                                                                                                                                                                                                                | n is required by 37 CFR 1:3                                | 11. The information                    | on is required                                                                                                                                                                                                                                                                                                                                             | to obtain or retain a benefit b                                                                                                                                                                                                                                                                                                                         |                                           | h is to file (an                |                                                          |  |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case **88 of transfer** to the amount of time you recommendate this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## Actions Due

Tuesday, March 08, 2005

Page: 1

ocket Number: 1560-0374

SubCase:

Country: US

United States of America

Case Type: RCE

Status: Published

Action Type: CU/1560

Base Date: 13-Aug-2004

Attorney STW

Response sent date:

| Action(s) Due  | <b>Due Date</b> | Indicator | Taken |
|----------------|-----------------|-----------|-------|
| DRAFT RESPONSE | 03-Sep-2004     | Reminder  |       |

Remarks:

User ID: porter

Date Created: 17-Aug-2004

Last Update: 17-Aug-2004